(Print Name of lobbyist)

PLEASE PRINT

James V. Hatem

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

OCT 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) | James V. Hatem | | DEPARTMENT |
|--|---|--|--|
| II. Name of lobbyist's partne | rship, firm or corporation, if | any: | |
| Nixon Peabody LLP | | | |
| (Name of part | nership, firm or corporation) | | |
| 900 Elm St. | Manchester | NH | 0301 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| (603) 628-4062 | (866) 947-0952 | e-mail jhatem@ni | xonpeabody.com |
| (Telephone) | (Fa | x) | |
| reportable expense transaction | ons which are not attributable | orts for each client, OR you made to any one client). The othe reporting date relative to the | |
| (Full N | ame of Client as it appears on the I | | |
| OR All reportable transactions unrelated to any particular clie | | obbyist's family), or the lobbying | g firm listed below which a |
| • | 25, 2018 | July 25, 2018 | |
| | per 31, 2018 🗷 From 7/1/18 to 9/30/18 | January 30, 2019 activity from 10/1/18 to 12/31 | /18 |
| V. There have been no fee. If this box is checked, complete Concord, NH 03301. | s received and no reportab e just this form and submit it to | le transactions made since t the Secretary of State's Office, S | he last report. State House, Room 204, |
| VI. Check if additional repor | rts are attached: | | |
| | | t file Addendum A- Fees and E | |
| ☐ If you have paid an honora Expense Reimbursement | arium or reimbursed expenses, | you must file Addendum B- Re | port of Honorariums or |
| If you, your firm, or your | family has made political contr | ibutions, you must file Addendi | ım C- Political Contributio |
| | | | |
| and complete to the best of my | B, RSA 14-C and RSA 664 and knowledge and belief. | hereby swear or affirm that the | |
| 2 h H ot | m | /0/21/18 (Da | te) |
| (Signature of lobbyist) | | (Da | (C) |
| James V. Hatem | | | |



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| II. Name of lobbyist's partn | | | |
|--|--|---------------------|-------------------------------|
| | iership, firm or corpo | ration, if any: | |
| Nixon Peabody LLP | | | |
| - | rship, firm or corporation) | | |
| ` · | • | | _ |
| III. Name of Client | | Date | |
| Political Contributions For each political contribution client/lobbyist and lobbying | | | ter 664 paid on behalf of the |
| Full name of candidate: | Morse | Chuck | |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 250.00 | Office Candidate is | s Seeking State Senate |
| | | | |
| | | | |
| Full name of candidate: | | | |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |
| Full name of candidate: | | | (Middle Name/Initial) |
| Amount of contribution \$ | I contribution, provide a dibution on the line above | Office Candidate is | |
| Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contri | I contribution, provide a dibution on the line above | Office Candidate is | s Seeking |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, |
|---|
| enter an estimated value and the word "estimate." |
| |
| |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.) |
| Sworn Statement/Affirmation by Lobbyist |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. |
| Qu Haton 10/20/18 |
| (Signature of lobbyist) (Daté) |
| James V. Hatem |
| (Print Name of lobbyist) |